# BIOLA UNIVERSITY

*CASH ADVANCE REPORT* *Special request. Please specify:*

**Do not use this form to request reimbursement without an outstanding cash advance**

**Payee's Name:** _____ **Biola ID #** _____ **Social Security#:** _____
(Required only for non-Biola students/employees)

**Dept Name:** _____ **Banner Fund:** _____ **Banner Organization:** _____

**Business Purpose of Expenses/Event Name:** _____

**Check disposition (if reimbursement is applicable: total expenditures amount exceeds cash advance amount):**

Mileage rate after

☐ When reimbursement check is ready, please mail to: _____ Jan. 1, 2018=

☐ When paperwork is processed, please reimburse me via direct deposit. I have already set up direct deposit with Accounts Payable that is separate from my payroll. $0.545 per mile

☐ Special request. Please specify: _____

| DATE | DESCRIPTION | Foreign $ | Supplies | Food/ Meals | Phone | Postage Mailing | Seminar/ Registration | Hotel/ Lodging | Travel/Gas/ Parking | PERSONAL CAR Miles | PERSONAL CAR Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 71200 | 71510 | 72200 | 72000 | 71520 | 71500 | 71532 | 71532 | |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | | | | | | | | | | | $ 0.000 |
| | **COLUMN TOTALS (in U.S. currency)** | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

| | |
|---|---|
| TOTAL EXPENDITURES (in U.S. $) | $ 0.00 |
| LESS CASH ADVANCE AMOUNT | |
| EXCESS CASH/REIMBURSEMENT | $ 0.00 |

Requestor's Signature: _____ Biola ID# _____

Dept Approval Signature: _____ Biola ID# _____

Vice President Approval: _____

Budget Approval: _____

**ATTACH ORIGINAL RECEIPTS SUPPORTING ALL EXPENSES**